

BDE Consideration of Others Checklist

Proponent for Inspection: Equal Opportunity Office

Point of Contact: _____

Unit Inspected: _____

Date of Inspection: _____

Unit Representative: _____

Unit Phone No.: _____

Inspector's Name: _____

Inspector's Phone No.:_____

Unit Overall Rating: T P U

STANDARDS: "T" = 90% success rate of evaluated tasks with 1 NO GO. "P" = 70% success rate of evaluated tasks with 3 NO GOs or less. "U" = less than 70% success rate of evaluated tasks with 4 NO GOs or more.

[illegible]